

**WISCONSIN MEDICAID**  
**MAXIMUM ALLOWABLE FEE SCHEDULES AND RELATED INFORMATION ORDER FORM**

**INSTRUCTIONS:** Use this form to order paper copies of fee schedules. Most fee schedules and related information are available on the Wisconsin Medicaid Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/) and can be downloaded for free.

If ordering fee schedules from Wisconsin Medicaid, make check or money order payable to Wisconsin Medicaid. Send check or money order (including State and County Sales Tax) to:

Wisconsin Medicaid  
Provider Maintenance  
6406 Bridge Rd  
Madison WI 53784-0006

FEE SCHEDULES AND RELATED INFORMATION	QUANTITY (\$5.00 each)	TOTAL
Ambulance		
Ambulatory Surgical Centers		
Chiropractor		
Dental		
Disposable Medical Supplies (DMS) Index		
Durable Medical Equipment (DME) Index		
Family Planning		
HealthCheck		
Hearing Aid Supplies and Audiology		
Home Health / Personal Care / Private Duty Nursing		
Nurse Midwives		
Occupational Therapy DME		
Physician / Independent Laboratory / X-Ray / Nurse Practitioners / Physician Assistant		
Physical Therapy DME		
Podiatry		
Rehab, MR & Nursing Home DME		
Specialized Medical Vehicle (SMV)		
Speech Therapy DME		
Therapy		
Vision		

The following fee schedules can be found in *Wisconsin Medicaid and BadgerCare Updates*:

- Alcohol and other drug abuse counselors.
- Case management services.
- Child care coordination services.
- Community support programs (CSP).
- Crisis intervention.
- Hospice.
- Mental health or substance abuse outpatient services.
- Mental health and substance abuse outpatient services in the home or community.
- Prenatal care coordination services.
- Psychiatrists.
- Psychologists.
- Psychotherapists.
- School-Based Services (SBS).

<b>TOTAL PURCHASES</b>	<b>SUBTOTAL</b>	\$
Tax Exempt Number (where appropriate)	5% State Sales Tax	\$
	.5% County Sales Tax	\$
	<b>TOTAL ENCLOSED</b>	\$
	*Note: Some counties have imposed a county sales tax of .5%. Please indicate the name of the county in the space provided.	
	County	

  

<b>MAILING ADDRESS INFORMATION</b>	
Name — Company or Organization	
Mailing Address (Street, City, State, Zip Code)	
Name — Contact Person	Telephone Number